

IN THE U.S. PATENT AND TRADEMARK OFFICE

Application Transmittal Sheet

Our Ref./Docket No.: BARCO-012-1

Box Patent Application COMMISSIONER FOR PATENTS Washington, D.C. 20231

Dear Commissioner:

Transmitted herewith is the patent application of

INVENTOR(s)/APPLICANT(s)					
Last Name	First Name, MI	Residence (City and State or Country)			
Geurts Van Bael Fransen	Wim Kristiaan K. A. Wim J. C.	Gent, Belgium Hasselt, Belgium Bornem, Belgium			
· · · · · · · · · · · · · · · · · · ·	TITLE OF T	THE INVENTION			
APPARATUS, P	RODUCT, AND METHOD OF TR	RAPPING USING A DISTANCE BUFFER			
	CORRESPONDENCE ADDRES	S AND AGENT FOR APPLICANT(S)			
⊠ Custor	ner Number 21921				
· · · · · · · · · · · · · · · · · · ·	ENCLOSED APPLICATI	ON PARTS (check all that apply)			
X 10 shee X Information X Form PTO- copy of each Declaration An assignm A letter requ An assignm	Disclosure Statement. 1449: INFORMATION DISCLOS: In references included in PTO-1449 and Power of Attorney ent of the invention to <u>Barco Graph</u> testing recordation of the assignment Cover Sheet. Inventors are being named on separ	bmission letter to the Official Draftsperson URE CITATION IN ANAPPLICATION, together with a			
Applicant(s) claim(s) a small entity status.				
The fee has been cald	culated as shown in the following p	age.			

Certificate of Mailing under 37 CFR 1.10

I hereby certify that this application and all attachments are being deposited with the United States Postal Service as Express Mail (Express Mail Label: <u>EL752476219US</u> in an envelope addressed to Box Patent Application, Commissioner for Patents, Washington, D.C. 20231 on.

Date:

Mar. 5, 200 / Signed:

Signed:

Name: Dov Rosenfeld, Reg. No. 38687

SUBMISSION DOCUMENT ATTORNEY DOCKET NO. <u>BARCO-012-1</u>

Page	2

	TOTAL CLAIMS	NO. OF EXTRA CLAIMS	RATE	EXTRA CLAIM FEE
TOTAL CLAIMS	79	59	\$18	\$1,062.00
INDEP. CLAIMS	7	4	\$80	\$ 320.00
	\$ 710.00			
TOTAL FEES PAYABLE:				\$2,092.00

METHOD OF PAYMENT					
A check in the amount of is attached for application fee and presentation of claims. A check in the amount of \$\frac{\$40.00}\$ is attached for recordation of the Assignment. The Commissioner is hereby authorized to charge payment of the any missing filing or other fees required for this filing or credit any overpayment to Deposit Account No. 50-0292 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):					
Respectfully Submitted,					

Dov Rosenfeld, Reg. No. 38687

Correspondence Address:

Dov Rosenfeld

5507 College Avenue, Suite 2

Oakland, California, 94618

Telephone: (510) 547-3378; Fax: (510) 653-7992